

State of Idaho  
Department of Water Resource

**FOR DEPT USE ONLY:**  
Application Status: ☐ Approved ☐ Denied  
☐ Cancelled ☐ Withdrawn  
Cardholder ID #: \_\_\_\_\_

**APPLICATION FOR CLASS II OPERATOR'S PERMIT**

**SECTION A – TO BE COMPLETED BY THE APPLICANT:**

Applicant's Last Name _____			First Name _____			MI: _____		
Street Address _____						PO Box _____		
City _____			State _____		Zip _____		Phone _____	
* * * * *								
Applicant's Date of Birth _____								
Place of Birth: City _____			State _____			Country _____		

Have you passed an Idaho operator's licensing exam? ☐ Yes ☐ No

If not, you must contact a Region Office to schedule the exam. If you must cancel an exam you have scheduled, please notify the Region Office in advance of the scheduled exam about the cancellation. (Phone numbers listed on Instruction page.)

To confirm that you, as a licensed Class I Operator working under the direct supervision of a licensed driller, have constructed a sufficient number of wells, please provide driller's reports bearing the applicant's signature and the signature of the driller having responsible charge, list of well tag numbers the Department has on file, or other documentation acceptable to the director. If your experience was gained in a state other than Idaho, submit copies of 12 well logs or driller's reports demonstrating your involvement in well construction in the respective states. _____	
_____	
_____	
Length of Time Spent Actually Operating Drilling Equipment: Years _____ Months _____	
Other Well Drilling-Related Experience: Years: _____ Months: _____ Describe: _____	
_____	
_____	
(If you need more space to write, please attach another page)	

I certify that I will comply with the Idaho Statutes and Department Rules and will construct wells only with adequate supervision as defined by Idaho Well Driller Licensing Rules (37.03.10) during Critical Phases of Construction as defined by the rules (37.03.9). I certify that this application is true and correct to the best of my knowledge.

_____	_____
Date	Signature of Applicant (as it will appear on Driller Reports)

**SECTION B – TO BE COMPLETED BY THE PRINCIPAL DRILLER:**

Name of Drilling Company Employing Applicant: \_\_\_\_\_

Drilling Company License No.: \_\_\_\_\_

Principal Driller of Company: Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name/Init \_\_\_\_\_

Address: City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

I CERTIFY THAT I or another Licensed Driller employed by the company described above will provide adequate supervision, as defined by Idaho Well Driller Licensing Rules, to the Class II Operator making this application, during Critical States of Construction as defined by the Rules. I certify that this application is true and correct to the best of my knowledge.

_____	_____
Date	Signature of Principal Driller (as it will appear on Driller Reports)

**FOR DEPARTMENTAL USE:**

Receipt No. _____	Fee \$ _____	Date _____	Received by _____
Deposit to licensing fee account			